

Certificate of Transmission

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Signature of Sender:

Hiltebrandt

Name of Sender:

Silvia Lucht

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| | | |
|------------------|------------------------|-------------|
| Applicants: | HILTEBRANDT, Siegfried |) Examiner: |
| Application No.: | 09/621,870 |) LEWIS, W. |
| Filing Date: | 07/21/00 |) Art Unit: |
| For: | SURGICAL INSTRUMENT |) 3731 |

FAX RECEIVED

OCT 24 2001

GROUP 3700

Atty. Docket No.: US 4037

TRANSMITTAL LETTER FOR AMENDMENT**BOX-NON FEE AMENDMENT**

Assistant Commissioner for Patents

Washington, D.C. 20231
U.S.A.

Dear Sir:

Transmitted herewith is a response to an outstanding Office Action in the above identified application.

(X) No additional fee is required.

() The fee has been calculated as shown below:

S.N. 09/621,870 filed 07/21/00
HILTEBRANDT, Siegfried

Atty. Docket: US4037

CLAIMS AS AMENDED

| | Claims Remaining After Amendment | | Highest Number Previously Paid For | Present Number Extra | Rate | FEE |
|--|---|---|---|----------------------------|---------|-----|
| Total claims | 13 | - | 20 | X | x\$18 | 0 |
| Independent claims | 2 | - | 3 | X | x\$84 | 0 |
| Multiple dependent claim added | | | | | \$280 | 0 |
| | | | | | TOTAL\$ | 0 |
| () If small entity, then divide total fee by 2 | | | | SMALL ENTITY TOTAL \$ 0 | | |

() A Petition for Extension of time under 37 CFR 1.136(a)

() Please charge Deposit Account Number 50-0355 in the
amount of \$ for the extension.

(X) The Commissioner is hereby authorized to charge payment of
fees associated with this communication or credit any
overpayment to Deposit Account Number 50-0355.

(X) Applicant believes that no extension of term is
required. However, this conditional petition is being
made to provide for the possibility that applicant has
inadvertently overlooked the need for a petition and fee
for extension of time.

() Return Postcard Receipt

Respectfully submitted

Paul Vincent

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: HILTEBRANDT, Siegfried
Application No.: 09/621,870
Filing Date: 07/21/00
For: SURGICAL INSTRUMENT

) Examiner:
) LEWIS, W.
) Art Unit:
) 3731

Atty. Docket No.: US 4037

October 20, 2001

Amendment

Box Non-Fee Amendment
Assistant Commissioner for Patents
Washington D.C. 20231
U.S.A.

This communication is in response to the Office Action in the subject patent application mailed July 26th, 2001. Please amend this application as indicated.

IN THE CLAIMS:

Kindly amend ~~claims 14 and 24~~ as indicated below. Please cancel claims 15 and 25 without prejudice. Claims 16 to 23 and 26 to 28 remain unchanged.